DEC 1 7000 B

That

PTO/SB/21 (09-04)
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the Paperwork Reduction Act of 1995, no	persons are required to respond to a collection of information unle	ess it displays a valid OMB control numbe

Application Number 10/812,418 Filing Date **TRANSMITTAL** March 30, 2004 **FORM** First Named Inventor Kerstin MOTHES Art Unit 2891 (to be used for all correspondence after initial filing) Examiner Name B. Smith Attorney Docket Number 7 543822005000 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)					
X Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC			
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
x Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Convert to a Provisional Application	Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter			
X Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):			
Express Abandonment Request	Request for Refund	Return Receipt Postcard			
Information Disclosure Statement	CD, Number of CD(s)				
Certified Copy of Priority Document(s)	Landscape Table on CD				
Reply to Missing Parts/ Incomplete Application	Remarks				
Reply to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name MORPISON & FOERSTER LLP					
Signature Shall					
Printed name Kevin R. Spivak					
December 11, 2006	Reg. No.	43,148			

PTO/SB/17 (01-06)

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OP	E 140gg	lu l
DEC	11 7006	Otto
1	784	Fees

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).	Complete if Known					
FEE TRANSMITTAL	Application Number	10/812,418				
	Filing Date	March 30, 2004				
For FY 2006	First Named Inventor	Kerstin MOTHES	S			
<u></u>	Examiner Name	B. Smith				
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2891				
TOTAL AMOUNT OF PAYMENT (\$) 120.00	543822005000					
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
X Deposit Account Deposit Account Number: 03-1952 Deposit A	count Name: N	lorrison & Foerste	rLLP			
For the above-identified deposit account, the Director	is hereby authorized to: (ch	eck all that apply)				
x Charge fee(s) indicated below	Charge fee(s) i	ndicated below, exc	ept for the filing fee			
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17						
FEE CALCULATION (All the fees below are due up	on filing or may be sub	ject to a surchar	ge.)			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
		INATION FEES Small Entity				
Application Type Fee (\$) Fee (\$) Fee	Small Entity \$) Fee (\$) Fee (\$		Fees Paid (\$)			
Utility 300 150 500	250 200	100				
Design 200 100 100	50 130	65				
Plant 200 100 300	150 160	80	-			
Reissue 300 150 500	250 600	300				
Provisional 200 100	0 0	0				
2. EXCESS CLAIM FEES		_	Small Entity			
Fee Description			Fee (\$) Fee (\$)			
Each claim over 20 (including Reissues)			50 25			
Each independent claim over 3 (including Reissues)			200 100			
Multiple dependent claims			360 180			
Total Claims	Paid (\$)	Multiple Dependen	t Claims			
520 =0x =	 ,	Fee (\$) <u>Fe</u>	ee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20.						
	Paid (\$)					
1 - 3 = 0 x = HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets						
- 100 = /50 (round up to a whole number) x =						
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00						
	saponae within mat mon		120.00			
SUBMITTED BY	Registration No. 42 4 4					
Signature	(Attorney/Agent) 43,14	8 Telephone	(703) 760-7762			
Name (Print/Type) Kevin R. Spivak		Date De	ecember 11, 2006			